

Emergency Contacts: (To be contacted only if owner or resident is unavailable) List the names of (2) persons other than yourself that can be called and who live within 15 minutes of this location, that will respond to the business/residence in case of emergency. These "Responding Agents" shall have the authority to assume responsibility for the security of the business/residence.

#1 _____ Phone (Res.) (____) _____ (Bus.) (____) _____
(Last) (First)

Address _____
(Physical) (No.) (Street) (City or Area) (Zip)

#2 _____ Phone (Res.) (____) _____ (Bus.) (____) _____
(Last) (First)

Address _____
(Physical) (No.) (Street) (City or Area) (Zip)

(The second responding person may be the alarm company representative IF no other persons are available. The alarm company representative MUST initial next to the company's name in this section if they accept this responsibility.)
The alarm company or person responsible for the maintenance of the system is:

Name of Company: _____ Representative: _____

Address _____
(No.) (Street) (City or Area) (Zip)

Telephone Number _____ Alarm Company State License No. _____

This location is equipped with the following types of alarms:

RESIDENTIAL

- ☐ Burglar ☐ Central Station
☐ Silent ☐ Audible

COMMERCIAL

- ☐ Burglar ☐ Hold-up ☐ Silent
☐ Audible ☐ Central Station

HOW ACTIVATED?

- ☐ Ultrasonic ☐ Pressure Mat ☐ Light
☐ Doors/Windows Taped or Switches ☐ Other (Describe)

Was this system installed by the owner? ☐ Yes ☐ No

Is this a new alarm system? ☐ Yes ☐ No

Name of previous owner (if alarm system already exists)

(Last) (First)

Any questions you may have regarding alarm issues or services, please contact the Hollister Police Department (408) 637-1657 during normal business hours.

(831) 636-4330

I have read, understand, and agree to the provisions of this alarm permit application.

Signed: _____ Date: _____
☐ Owner ☐ Manager ☐ Resident

Approved:

By: _____ Date: _____